





STATE NON-MEDICARE RETIREE AND SURVIVOR RATES


Monthly GIC Plan Rates as of  
July 1, 2013

NON-MEDICARE PLANS

 Indicates a GIC Limited Network Plan – Compare the rates of these plans with the other options and see how much you will save every month!

		NON-MEDICARE RETIREES Retired on or before July 1, 1994 and SURVIVORS <sup>1,2</sup>		NON-MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement on or before October 1, 2009		NON-MEDICARE RETIREES who filed for retirement after October 1, 2009	
		10%		15%		20%	
		Retiree/Survivor Pays Monthly		Retiree Pays Monthly		Retiree Pays Monthly	
BASIC LIFE INSURANCE ONLY \$5,000 Coverage		\$0.63		\$0.95		\$1.26	
HEALTH PLAN (Premium includes Basic Life Insurance)	PLAN TYPE	Individual	Family	Individual	Family	Individual	Family
Fallon Community Health Plan Direct Care 	HMO	\$47.57	\$113.29	\$71.36	\$169.94	\$95.15	\$226.59
Fallon Community Health Plan Select Care	HMO	59.68	142.35	89.53	213.53	119.36	284.70
Harvard Pilgrim Independence Plan	PPO	68.37	165.91	102.55	248.86	136.73	331.81
Harvard Pilgrim Primary Choice Plan 	HMO	54.82	132.85	82.23	199.28	109.64	265.70
Health New England 	HMO	46.34	113.96	69.52	170.94	92.68	227.92
NHP Care (Neighborhood Health Plan) 	HMO	46.19	121.37	69.29	182.06	92.39	242.74
Tufts Health Plan Navigator	PPO	63.04	151.99	94.56	227.99	126.07	303.98
Tufts Health Plan Spirit 	EPO (HMO-type)	50.89	122.35	76.33	183.52	101.77	244.69
UniCare State Indemnity Plan/ Basic with CIC <sup>3</sup> (Comprehensive)	Indemnity	129.57	301.05	173.64	403.50	217.69	505.94
UniCare State Indemnity Plan/ Basic without CIC (Non-Comprehensive)	Indemnity	88.12	204.90	132.19	307.35	176.24	409.79
UniCare State Indemnity Plan/ Community Choice 	PPO-type	43.30	103.02	64.95	154.54	86.59	206.05
UniCare State Indemnity Plan/PLUS	PPO-type	62.77	148.94	94.17	223.41	125.55	297.88

<sup>1</sup> Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.63 from “Retiree/Survivor Pays Monthly” premium.  
<sup>2</sup> Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.  
<sup>3</sup> CIC is an enrollee-pay-all benefit.

 Contribution percentages may change after the Commonwealth’s FY14 budget is enacted. For other things to consider, see your GIC Benefit Decision Guide.

For municipal and GIC Retired Municipal Teacher (RMT) rates, see separate rate sheets.

STATE MEDICARE RETIREE AND SURVIVOR RATES

Monthly GIC Plan Rates as of  
July 1, 2013

MEDICARE PLANS

		MEDICARE RETIREES Retired on or before July 1, 1994 and SURVIVORS <sup>1,2</sup>	MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement on or before October 1, 2009	MEDICARE RETIREES who filed for retirement after October 1, 2009
		10%	15%	20%
		Retiree/Survivor Pays Monthly	Retiree Pays Monthly	Retiree Pays Monthly
BASIC LIFE INSURANCE ONLY \$5,000 Coverage		\$0.63	\$0.95	\$1.26
HEALTH PLAN (Premium includes Basic Life Insurance)	PLAN TYPE	Per Person	Per Person	Per Person
Fallon Senior Plan <sup>3</sup>	HMO	\$27.98	\$41.97	\$55.96
Harvard Pilgrim Medicare Enhance	Indemnity	39.95	59.93	79.90
Health New England MedPlus	HMO	36.80	55.20	73.60
Tufts Health Plan Medicare Complement	HMO	39.03	58.55	78.06
Tufts Health Plan Medicare Preferred <sup>3</sup>	HMO	25.93	38.90	51.86
UniCare State Indemnity Plan/ Medicare Extension (OME) with CIC <sup>4</sup> (Comprehensive)	Indemnity	48.36	67.11	85.84
UniCare State Indemnity Plan/ Medicare Extension (OME) without CIC (Non-Comprehensive)	Indemnity	37.47	56.22	74.95

<sup>1</sup> Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.63 from “Retiree/Survivor Pays Monthly” premium.  
<sup>2</sup> Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.  
<sup>3</sup> Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2014.  
<sup>4</sup> CIC is an enrollee-pay-all benefit.

OTHER STATE RETIREE BENEFITS

RETIREE OPTIONAL LIFE INSURANCE RATES

Including Accidental Death and Dismemberment

RETIRED EMPLOYEE AGE	RETIREE SMOKER PAYS Per \$1,000 of Coverage	RETIREE NON-SMOKER PAYS Per \$1,000 of Coverage
Under Age 70	\$ 1.64	\$ 1.29
70-74	2.87	2.26
75-79	7.82	5.98
80-84	14.82	11.31
85-89	23.46	17.92
90-94	33.64	27.24
95-99	73.49	59.47
Ages 100 and over	140.90	114.02

GIC RETIREE DENTAL PLAN RATES

\$1,250 Maximum Annual Benefit per Member

COVERAGE TYPE	RETIREE PAYS
SINGLE	\$27.27
FAMILY	\$65.68

See Over for ACTIVE STATE EMPLOYEE Rates 

STATE EMPLOYEE RATES

Monthly GIC Plan Rates as of July 1, 2013



Commonwealth of Massachusetts  
Group Insurance Commission


Your  
Benefits  
Connection

		For Employees Hired Before July 1, 2003		For Employees Hired On or After July 1, 2003	
		20%		25%	
EMPLOYEE PAYS MONTHLY		EMPLOYEE PAYS MONTHLY		EMPLOYEE PAYS MONTHLY	
BASIC LIFE INSURANCE ONLY (\$5,000 coverage)		\$1.26		\$1.58	
HEALTH PLAN (Premium includes Basic Life Insurance)	PLAN TYPE	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
Fallon Community Health Plan Direct Care ✓	HMO	\$ 95.15	\$226.59	\$118.94	\$283.24
Fallon Community Health Plan Select Care	HMO	119.36	284.70	149.21	355.88
Harvard Pilgrim Independence Plan	PPO	136.73	331.81	170.92	414.77
Harvard Pilgrim Primary Choice Plan ✓	HMO	109.64	265.70	137.05	332.13
Health New England ✓	HMO	92.68	227.92	115.86	284.90
NHP Care (Neighborhood Health Plan) ✓	HMO	92.39	242.74	115.49	303.43
Tufts Health Plan Navigator	PPO	126.07	303.98	157.59	379.98
Tufts Health Plan Spirit ✓	EPO (HMO-Type)	101.77	244.69	127.22	305.87
UniCare State Indemnity Plan/Basic with CIC* (Comprehensive)	Indemnity	217.69	505.94	261.76	608.40
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	Indemnity	176.24	409.79	220.31	512.25
UniCare State Indemnity Plan/Community Choice ✓	PPO-Type	86.59	206.05	108.24	257.57
UniCare State Indemnity Plan/PLUS	PPO-Type	125.55	297.88	156.94	372.35

\* CIC is an enrollee-pay-all benefit.



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Contribution percentages may change after the Commonwealth’s FY14 budget is enacted. For other things to consider, see your GIC Benefit Decision Guide.

For municipal rates, see separate rate sheets.

LONG TERM DISABILITY RATES

ACTIVE EMPLOYEE AGE	STATE EMPLOYEE PAYS Per \$100 of Monthly Earnings
Under 20	\$0.09
20 - 24	\$0.09
25 - 29	\$0.11
30 - 34	\$0.15
35 - 39	\$0.19
40 - 44	\$0.38
45 - 49	\$0.51
50 - 54	\$0.61
55 - 59	\$0.75
60 - 64	\$0.72
65 - 69	\$0.41
70 and over	\$0.23

GIC DENTAL/VISION PLAN RATES\*

	EMPLOYEE PAYS	
DENTAL/VISION PLAN	INDIVIDUAL COVERAGE	FAMILY COVERAGE
PPO (Value) Plan	\$4.36	\$13.54
Indemnity (Classic) Plan	\$5.83	\$18.09

\* Only available to active employees who meet certain criteria as outlined in the GIC Benefit Decision Guide.

OPTIONAL LIFE INSURANCE RATES – Including Accidental Death and Dismemberment

ACTIVE EMPLOYEE AGE	EMPLOYEE SMOKER PAYS Per \$1,000 of Coverage	EMPLOYEE NON-SMOKER PAYS Per \$1,000 of Coverage
Under Age 35	\$0.10	\$0.05
35 – 44	0.12	0.06
45 – 49	0.22	0.08
50 – 54	0.35	0.15
55 – 59	0.54	0.21
60 – 64	0.80	0.32
65 – 69	1.46	0.74
Age 70 and over	2.58	1.17